Identifying Substance Abuse Problems Among Juvenile Status Offenders

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Introduction

Over the past ten years, drug-and alcohol-related cases have increasingly flooded the juvenile justice system (Snyder & Sickmund, 2000). In 2000 police made an estimated 406,000 substance-related arrests among juveniles, representing 17.1% of the estimated total of 2,369,400 juvenile arrests (Belenko & Dembo, 2003). There was a 132% increase in the rate per 100,000 of juvenile arrests over the past decade for drug abuse violations (Belenko & Logan, 2003). Although there was a 44% increase in the total amount of juvenile delinquency case from 1989 to 1998, the drug law violation cases handled by the U.S. juvenile courts increased by 148% to 192,500 cases (Snyder & Sickmund, 2000).

These statistics convey the urgency needed to create an effective juvenile justice system that breaks the cycle of substance abuse and delinquency (Belenko & Dembo, 2003). To accomplish this task, it is imperative to develop thorough assessments and early interventions for these adolescents. This can be achieved by focusing on juvenile status offenders who are in the very early stages of the juvenile justice system.

The purpose of this project was to conduct a review of juveniles who are in the early stages of the juvenile justice system to assess if there are substance use problems. This early identification assists in the prevention of further status behaviors, criminal actions, and the arrangement early treatment for substance abuse problems. This project specifically looked at juvenile status offenders who were probated to the Cabinet for Health and Family Services.

As background, a "status offender" is a child who commits an act which, if committed by an adult, would not be a crime (Robinson & Arnold, 2000). Status offenses include habitual truancy, habitual runaway, beyond control of parents and beyond control of school. The goal was to identify substance abuse problems among juveniles who are new to the juvenile justice

system and had not committed criminal offenses such as assault, burglary, or drug possession. By doing this, the juvenile justice system can adopt the procedure of early drug abuse assessment measures for status offenders, thus preventing future offenses due to drug use.

The juvenile court system, the Juvenile Drug Courts (JDC) and detention centers are overwhelmed with juvenile delinquents who are in need of substance abuse treatment (Belenko & Logan, 2003). Community collaboration must be created to insure that these adolescents are identified and assisted when they first enter the juvenile justice system. Given the high rates of substance involvement among juvenile offenders and recidivism, providing effective treatment-based interventions and early assessments is an important policy goal.

Literature Review

Historically, there has been a lack of focus in research surrounding juvenile status offenders and drug use (Molidor, Nissen, & Watkins, 2002). However, the strong positive association between adolescent drug use and crime has been well-documented (Dembo, Williams, & Schmeidler, 1993; National Institute of Justice, 1999).

The 1997 Arrestee Drug Abuse Monitoring Program data indicated that of all arrested and detained adolescents, 75% reported either drug or alcohol involvement (National Center on Addiction and Substance Abuse [CASA], 2002). Additionally, the most recent 5 year study by CASA entitled, *Criminal Neglect: Substance Abuse, Juvenile Justice, and The Children Left Behind,* found that 80% of juvenile detainees reported alcohol or drug involvement (National Center on Addiction and Substance Abuse [CASA], 2004). This is alarming considering most youth that reported substance abuse or addictions continued to go untreated (CASA, 2004). Due to the consistent neglect of juvenile substance abuse problems, this study by CASA led the

Chairman and President of the Center to report that the juvenile justice systems have "become colleges of criminality, paving the way to further crimes and adult incarceration" (CASA, 2004).

Additional research involving adolescent drug use and delinquency has also found that involvement with drugs or alcohol also increases the likelihood of continued contacts with the juvenile justice system (Huizinga, Menard & Elliot, 1990; Belenko & Logan, 2003).

Unfortunately, the juvenile delinquent behavior does not end when these individuals reach adulthood. Lizotte et al (2002) found that continued involvement with drugs and alcohol is predictive of future involvement in the adult criminal justice system.

It has also been documented that 30% of adult felony offenders in prison were also incarcerated as juveniles (CASA, 2004). Consequently, research states a need for early assessment and referral for treatment of adolescents to minimize the length of time a juvenile spends in the justice system (Huizinga, Mernard & Elliot, 1990; Belenko & Logan, 2003).

There are several pressing reasons why interventions designed for adolescent substance abuse are needed in the juvenile justice system. There are continued high levels of drug use among juveniles according to recent national surveys (Office of National Drug Control Policy, 1998; National Institute of Justice, 2001). There is also a documented relationship between a youth's participation in crime and their drug use (Huizinga, Menard, & Elliot, 1989; Loeber, 1996). Lastly, juvenile crime continues to increase among American juveniles (Snyder, 2000). Juvenile offenders that have been detained report earlier initiation with drug and alcohol use than their non-offending juvenile counterparts, and "earlier initiation of substance use is associated with more problematic substance use" (Kandel & Davies, 1992).

A comprehensive assessment and attention to this array of problems will facilitate effective intervention among substance abusing juveniles (Belenko & Logan, 2003; Hawkins,

Catalano, & Miller, 1992). Research of adolescent crime has determined that a substantial proportion of youth in the juvenile justice system have co-occurring mental health and substance abuse disorders (SAMHSA, 1999). The National Comorbidity Survey found that mood, anxiety, and antisocial personality disorder, and substance use disorders were highly co-morbid; the co-occurrence of mental health problems with addictive disorders was approximately 50% (Kessler et al, 1996).

In 2004, research conducted by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) discovered startling evidence involving juvenile detainees and their reported age at onset of substance use: Ten percent reported using drugs before age 11 and 25% reported their first encounter using drugs was before the age of 12. Additionally, 10% of those who reported cocaine use reported their first time of use prior to age 11 and 50% reported their first use before age 15 (OJJDP, 2004).

The juvenile justice system has experienced many challenges during the last 15 years to develop competence in assessing, intervening, and structuring substance abuse treatment approaches (Molidor, Nissen, & Watkins, 2002). There is a clear-cut need for community collaboration to address the needs of juvenile delinquents with substance abuse problems. Social workers must play a vital role in advocating for the early assessments for juvenile status offenders and insuring the proper implementation of treatment options for this vulnerable population (OJJDP, 2004).

“It is unclear from the existing research whether or not juvenile courts have been able to identify substance abuse problems early in the adjudication process” (Belenko, 2003). Many jurisdictions do not assess juveniles for substance abuse issues or drug test them for actual use unless there is an individually identified substance abuse issue, or until the case has been in the

system for an extended period (Krisberg, 1998). At that time the juvenile may then be referred to Juvenile Drug Court (JDC) or to substance abuse treatment (Belenko & Logan, 2003). There is still a need for model assessment instruments for juveniles that are used by all juvenile justice system professionals at different points in the juvenile justice system process.

Gaps in Literature

There is an urgent need to develop a more comprehensive body of knowledge regarding the needs of substance abusing female juvenile offenders (Molidor, Nissen, & Watkins, 2002). In 1999 the arrest rate for females was 74% above that in 1980 (OJJDP, 2000). According to the Coalition for Juvenile Justice 2000 Annual Report, over 17,000 females under the age of 18 are now being incarcerated each year and the majority of these female offenders have a problem with substance abuse (Brown et al, 1997). In addition to juvenile females, most available studies ignore young people who are Latino, Native American, Asian American, or Pacific Islander (Krisberg, 1998).

There is also a lack of research regarding status offenders and their drug use (Belenko & Logan, 2003). Most studies have focused on an attempt to address the ever increasing drug use among juvenile delinquents in detention or those adolescents further along in the juvenile justice system and offer minimal attention to the "new" offenders coming into the system (Krisberg, 1998). This research chooses to focus on the much needed assessment of juvenile status offenders.

Hypothesis

Given the statistical data produced from research studies (OJJDP, 2004; National Center for Substance Abuse and Addiction [CASA], 2004; Belenko & Logan, 2003), revealing the increasing substance abuse among juvenile detainees, further attention upon juvenile status

offenders in warranted. In this study, it is hypothesized that at least 60% of the juvenile status offenders have unidentified substance abuse problems.

Methodology

Subjects

The subjects involved in this study were 48 juvenile status offenders between 12 and 17 years of age. There were both male and female participants. All subjects were probated to the Cabinet for Health and Family Services due to status behaviors. Their probation is ordered by the juvenile court in Kenton and Campbell Counties in Kentucky.

For the purpose of this study, "probation" was defined as the condition where a juvenile has been court ordered to cooperate with the Cabinet for Health and Family Services and their "probation officer", a worker from the Cabinet, will meet with the juvenile on at least a monthly basis to insure proper compliance with court orders is occurring. If it is found that the juvenile is not cooperating with the terms of his or her probation, a contempt of court will be filed by the worker and consequences will be determined by the court.

As earlier stated, the probated juveniles within the Cabinet for Health and Family Services have been labeled as "status" offenders. Probation to the Cabinet is an early intervention before the department for juvenile justice or residential setting options are explored. Status offenses include habitual truancy, habitual runaway, beyond control of parents and beyond control of school. These are charges that would not be a "crime" if committed by an adult (Robinson & Arnold, 2000).

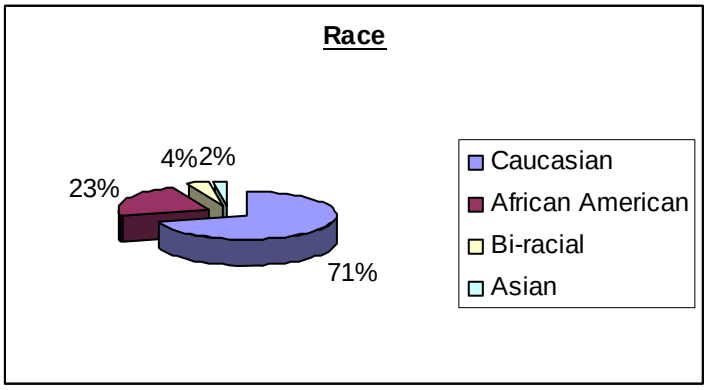
The research design for this study was exploratory because juvenile status offenders and drug abuse is an area that has "not been subjected to research" (Martino, et al., 2000). Since very little is known about this particular population and their drug use, this study was small scale.

Rationale for future research involving a larger sample size was validated by the results of this exploratory study.

Sample Size

The subjects were selected by gathering names from the current listings of probated juveniles from the juvenile services team at the Cabinet for Health and Family Services. Criteria for selection are that the juvenile must have incurred at status offense and be currently probated to the Cabinet. There were 48 juveniles probated to the Cabinet for Families and Children in Kenton County at the time of this research study. The subjects in this study were 58.3% male and 41.7% female. (View Graph One which depicts the race of the subjects).

Graph One:



Data Collection

Data was collected by conducting a case file review for each individual juvenile offender. The most recent Continuous Quality Assessment (CQA) for each subject was reviewed to obtain information concerning the subject's age, race, history of or current substance use, presence or absence of mental health diagnosis, whether the individual lives in a single or two parent household and what treatment the individual has received if there is a history of substance use.

Secondly, an interview with each juvenile's assigned social service worker from the Cabinet for Health and Family Services was conducted. The interview allowed me to gain

information that was not present in the CQA and confirm information obtained. Each social service worker was interviewed separately regarding their probated client to maintain confidentiality.

Instrument

There was not a specific instrument implemented in this research study that has proven reliability and validity. The method used in this study was a case file review and interview tool performed by the principal investigator. The interview tool consisted of a list of eight questions regarding the juvenile's age, race, gender, mental health diagnosis, household information, number if offenses, substance use history, and treatment history. If the interviewee was unable to supply an answer with certainty they were informed that a case file review would be conducted to supply information. The review of the Continuous Quality Assessment consisted of reviewing the juvenile's legal, medical, mental health, family, support system history.

The Statistical Package for the Social Sciences (SPSS) was used for data analysis. The SPSS covers a broad range of statistical procedures that allow you to "summarize data (e.g., compute means and standard deviations), determine whether there are significant differences between groups (e.g., t-tests, analysis of variance), examine relationships among variables (e.g., correlation, multiple regression), and graph results (e.g., bar charts, line graphs)" (Einstein & Abernethy, 2000).

To determine demographic or diagnostic differences in substance use history, a series of T-Tests will be conducted. The presence of substance use of each participant served as the dependent variable and gender, ethnicity (white vs. ethnic minority) and psychiatric conditions (presence vs. absence) as the independent variables. A one-way analysis of variance was performed to determine if significant differences exist among age groups or number of offenses

an individual has incurred. All individual identifying data was destroyed upon completion of this research project. The results of the study will also be provided to the Senior Regional Administrator for the Cabinet for Health and Family Services, Joel Griffith to assist the agency in arranging and implementing the most effective interventions and services to its juvenile population.

Results

The first step in analyzing the data was to clean up the data. I looked to see that all surveys were completed and that I had not left any question blank on the data gathering sheet. Once I ensured that all data was present and had been cleaned, data entry began. The first step was to develop a coding scheme. The substance use data are categorical (nominal data). This is the dependent variable in this project. Independent variables are: number of offenses, age, gender, race, presence of mental health diagnosis, type of household (single parent or two parent), and treatment received.

For the purpose of this research project, a frequency distribution was obtained through the use of the computer program SPSS to test the hypothesis. I wanted to see how the information I had gathered about juvenile substance use was distributed to determine if at least 60% of the offenders had a substance use history. (View Table One, where 1 equals no history of substance use and 2 equals documented substance use).

Table One:

Substance Use				
	Frequency	Percent	Valid Percent	Cumulative Percent
1	13	27.1	27.1	27.1
2	35	72.9	72.9	72.9
Total	48	100.0	100.00	100.0

The data from this table describe that 72.9 percent of the juvenile offenders in this study have a history of substance use. Therefore, the results from this frequency distribution support my hypothesis that at least 60 percent of juvenile status offenders in the study would have a history of substance use.

An independent sample t-test analysis was conducted to examine the relationship between the number of offenses a juvenile had incurred and the presence of substance use. Again, the dependent variable was the presence of substance use among the juvenile status offenders. The independent variable was the number of offenses the subject had incurred. The dependent variable was measured using nominal data because the presence of substance use was arranged categorically. The independent variable, number of offenses was measured using interval data. The t-test is a logical tool to use in small sample studies, thus it will assist me in analyzing data in this particular study. To determine if there was statistical significance, I looked to see if $p < .05$. This analysis did not prove to be statistically significant with $p=.945$.

Also, I wanted to determine if there was an association between the type of home the subject was living in (single-parent versus two-parent) and the presence of substance use. I used a chi-square to determine this association. The chi-square analysis determined that there was not a statistically significant association between these variables with $p = .987$. However, the analysis did reveal an interesting discovery. Juveniles living in single-parent homes where twice as likely to be referred for a substance abuse assessment and nearly two and one half more times likely to be involved in juvenile drug court. (View Table Two, where 1 equals no treatment, 2 equals referred for assessment, 3 equals involved in substance abuse counseling, and four equals involved in drug court).

Table Two:

		Parent		Total
		1	2	
Treatment	1	18 66.7%	9 33.3%	27 100.0%
	2	4 66.7%	2 33.3%	6 100.0%
	3	5 62.5%	3 37.5%	8 100.0%
	4	5 71.4%	2 28.6%	7 100.0%
Total		32 66.7%	16 33.3%	48 100.0%

Lastly, I did an ANOVA on race and the number of offenses a juvenile had acquired. The interval data was the number of offenses acquired by each subject. This was the dependent variable. The independent variable was the race of the subject. After conducting the ANOVA on SPSS, the following result can be reported when examining number of offenses and race of juvenile status offenders: $F(2, 45) = 5.06$, $p = .010$. It can be seen that the p value of .010 is less than .05 and therefore is statistically significant. Caucasian subjects had a mean of 2.8 offenses, African-American subjects, 5.7 offenses, and other minority subjects 3.4 offenses.

Discussion

Findings and Implications

The findings of this study support the stated hypothesis that at least 60% of juvenile status offenders would have a history of substance use. However, future studies will need to look at what determines a substance abuse "problem" and a more detailed tool or survey that has been tested for reliability and validity will need to be administered to the subjects to accurately determine whether the substance use is a problem or normal adolescent experimentation.

Additional studies would also benefit from looking more closely at the type of offenses that the subjects incurred to determine if a certain type of status offense is a correlate of substance use.

This study also indicated that single parents of juvenile status offenders are securing necessary substance abuse treatment options for their children. It can be seen from the 43.8 % of juveniles with identified substance use being either referred for or involved substance abuse treatment, that social service workers and other community partners are recognizing substance use problems among juvenile status offenders and assisting the family in securing necessary treatment.

Limitations

This research was conducted in Kenton and Campbell Counties located in Northern Kentucky. Since the participants are from only two counties in Kentucky, the results of this study cannot be generalized to other geographic regions.
Although there is a stated gap in literature for research involving juveniles from rural areas, the counties used in this project are mostly urban. There may be a few participants who live in the rural outskirts of the counties, but overall the participants were urban.

Another limitation of this study is that the participants were mostly Caucasian. There are limited probated juveniles in the two county areas being surveyed that are of African, American, Latino or Asian decent. A chi-square analysis determined that African-American males incurred more than double the number of offense of their Caucasian counterparts. It is necessary to expand the limits of research to include a more equal distribution of race among research subjects as well as focusing on prevention and intervention services targeted for minority populations.

This study is specifically limited in the amount of participants available due to the criteria for inclusion; therefore the small sample size is a limitation. The participants were required to be probated to the Cabinet for Health and Family Services. Juveniles that have had a status offense, but are currently involved in a diversion program or probations to another agency or parents, have not been included.

Another limitation of this study is the lack of specified criteria for a substance use problem or substance abuse. The data collection consisted of tallying whether a subject had a history of alcohol or drug use, but no specific number of times used or type of drug used were defined as a problem or indicative of abuse.

The findings will enable the juvenile justice system to explore early assessment options for juveniles before they commit offenses involving drugs or alcohol. The assessments of status offenders must be a collaborative effort between court personnel, social workers, drug court personnel, and substance abuse treatment providers in order to combat juvenile substance abuse.

The development of a collaborative effort to screen adolescents early and often in the court system will also aid in the prevention of additional and more serious offenses. This achievement will assist adolescents in receiving the necessary substance abuse treatment and assist society in decreasing monetary costs currently spent to treat juvenile delinquents with substance abuse problems.

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